

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

In re
Rakesh Kumar Bains
Baljit Kaur Bains

Case No. 24-20884

Debtor(s).

AMENDMENT COVER SHEET

This form shall not be used to amend or modify plans.

I am amending the following documents:

- | | |
|---|--|
| <input type="checkbox"/> Petition | <input type="checkbox"/> Statement of Financial Affairs |
| <input type="checkbox"/> Creditor Matrix | <input type="checkbox"/> Statement of Intention |
| <input type="checkbox"/> List of 20 Largest Unsecured Creditors | <input type="checkbox"/> List of Equity Security Holders |
| <input checked="" type="checkbox"/> Schedules (check appropriate boxes). | |
| <input type="checkbox"/> A/B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> J | |
| <input type="checkbox"/> Summary of Schedules of Assets and Liabilities | |

A fee of \$32 is required for:

- An amendment that adds or deletes creditors;
- An amendment that changes amounts owed to a creditor; or
- An amendment that changes the classification of a debt.

NOTICE OF AMENDMENT TO AFFECTED PARTIES

I certify that I have notified the trustee in the case (if any) that I have filed or intend to file the amended or supplemental document(s) listed above, and that I have notified all parties affected by the amendment, as required by Federal Rule of Bankruptcy Procedure 1009.*

Dated: June 5, 2024

Attorney's or Pro Se Debtor's Signature:

Printed Name: Mark A. Wolff 175570

DECLARATION BY DEBTOR

I(We), the undersigned debtor(s), hereby declare under penalty of perjury that the information set forth in the amendment(s) attached hereto, consisting of pages, is true and correct.

Dated: June 5, 2024

Dated: June 5, 2024

Rakesh Kumar Bains
Debtor's Signature

Baljit Kaur Bains
Joint Debtor's Signature

INSTRUCTIONS

Attach each amended document to this form. If there is a box on the form to indicate that the form is amended or supplemental, check the box. Otherwise, write the word "Amended" or "Supplemental" at the top of the form.

If you are amending Schedules A/B, D, E/F, I, or J, you must also file an Amended Summary of Schedules of Assets and Liabilities in order to ensure that the totals are amended for statistical purposes. This form can be found on our website.

- To **add** creditors, write or type an "A" next to the creditors you are adding on any amended schedule you file. Additionally, (or, in the event that you are only amending the creditor matrix) attach a list of all creditors with their addresses in .txt format.
- To **correct** the names or addresses of creditors that appear on any schedule, use our Change of Address Form (EDC 2-085) instead of filing this form, any amended schedule or an amended master address list.
- To **delete** creditors, write or type a "D" next to the creditors you are deleting on any amended schedule you file. Do not submit a .txt file of creditors to be deleted. Only creditors who have not filed a proof of claim in the case will be deleted.

*Federal Rule of Bankruptcy Procedure 1009 requires the debtor to give notice of an amendment. **Notice of the amendment will not be given by the Clerk's Office.** To comply with this requirement, the debtor's attorney or Pro Se debtor must give notice to the trustee and any party affected by the amendment by serving the amendment and all previous court notices including, but not limited to, the notice of meeting of creditors, discharge of debtor, etc. A proof of service, indicating that service has been made, must be filed with the court.

Fill in this information to identify your case:

Debtor 1 Rakesh Kumar BainsDebtor 2 Baljit Kaur Bains
(Spouse, if filing)United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIACase number 24-20884
(If known)

Check if this is:

☐ An amended filing☒ A supplement showing postpetition chapter 13 income as of the following date:6/05/2024

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☒ Employed
☐ Not employed

Driver - Self employed

Debtor 2 or non-filing spouse

☒ Employed
☐ Not employed

FCMethodist Hospital7500 Hospital Dr.
Sacramento, CA 95823

How long employed there? _____

18 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>0.00</u> | \$ <u>3,995.33</u> |
| 3. Estimate and list monthly overtime pay. | +\$ <u>0.00</u> | +\$ <u>0.00</u> |
| 4. Calculate gross income. Add line 2 + line 3. | \$ <u>0.00</u> | \$ <u>3,995.33</u> |

Debtor 1 **Rakesh Kumar Bains**
 Debtor 2 **Baljit Kaur Bains**

Case number (if known) **24-20884**

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-------------------------------|-----------------------------------|
| Copy line 4 here | 4. \$ 0.00 | \$ 3,995.33 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ 349.55 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 241.61 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 0.00 | \$ 153.49 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: | 5h.+ \$ 0.00 | \$ 0.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 0.00 | \$ 744.65 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ 3,250.68 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 8,953.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: IHSS | 8h.+ \$ 0.00 | \$ 2,503.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 8,953.00 | \$ 2,503.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 8,953.00 + \$ 5,753.68 | = \$ 14,706.68 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | 11. +\$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ | 14,706.68 |
| | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: Baljit is part time employee at 20 hours per week. Recent income was higher due to training classes which are offered annually and increased hours. | | |

Projected Profit and Loss from Self Employment Trucking

| | |
|----------------------------------|-------------|
| Anticipated Gross Monthly Income | 47,000.00 |
| Expenses | |
| Diesel | \$16,500.00 |
| Insurance | \$3,100.00 |
| Fuel Tax | \$167.00 |
| Tolls | \$650.00 |
| Maintenance | \$1,700.00 |
| Driver Pay (1099) | \$13,100.00 |
| Trailer Rent | \$1,200.00 |
| Truck Parking | \$280.00 |
| Dispatch Services | \$2,500.00 |
| Misc | \$200.00 |
| Total expenses | \$39,397.00 |
| Net profit | \$7,603.00 |

BAINS MEAT SHOP**Projected Profit and Loss**

January 2024 through June 2024

Ordinary Income

| | |
|-----------|--------------|
| CLEARENT | \$185,500.00 |
| DOOR DASH | \$2,700.00 |
| GOEBT | \$5,200.00 |

TOTAL REVENUE**\$193,400.00***32,233.33 / MO***COST OF GOODS SOLD**

| | |
|-------------------|--------------|
| GROCERY | \$114,500.00 |
| COCARD FEE | \$470.00 |
| PAYROLL/EIMPLOYEE | \$14,500.00 |
| CLEARENT | \$5,100.00 |
| LOGICAL FEE | \$500.00 |

TOTAL CoGS*22,511.66 / MO***\$135,070.00****GROSS PROFIT/LOSS****\$58,330.00****EXPENSES**

| | |
|-----------------------------------|-------------|
| LEASE | \$36,600.00 |
| ATLAS DISPOSAL | \$2,100.00 |
| NATIONWIDE | \$900.00 |
| VIVINT | \$300.00 |
| COMCAST | \$850.00 |
| UTILITIES | \$2,800.00 |
| YELP & ADV | \$4,100.00 |
| REPAIRS AND MAINTENANCE | \$3,500.00 |
| PRUDENTIAL | \$600.00 |
| CLARK PEST CONTROL | \$780.00 |
| CA DEPT | \$125.00 |
| OFFICE FEES - ADP PAYROLL FEE/TAX | \$2,750.00 |

TOTAL EXPENSES**\$55,405.00***9234.16*

NET OPERATING PROFIT/LOSS**\$2,925.00****OTHER EXPENSES**

Vehicle Expenses

\$1,875.00

Miscellaneous Expenses

\$750.00

TOTAL OTHER EXPENSES**\$2,625.00****NET PROFIT/LOSS****\$300.00/6.****50.00/mo**

INDIA GATE**Projected Profit and Loss**

January 2024 through June 2024

Ordinary Income

| | |
|-------------|--------------|
| UBER | \$4,100.00 |
| DOOR DASH | \$25,500.00 |
| WOOCOMMERCE | \$4,900.00 |
| GRUB HUB | \$5,680.00 |
| CLOVER | \$110,000.00 |

TOTAL REVENUE**\$150,180.00/6**

25,030.00/10

COST OF GOODS SOLD

| | |
|-------------------|-------------|
| GROCERY | \$42,500.00 |
| PAYROLL/EMPLOYEES | \$30,500.00 |
| CARD FEE | \$2,550.00 |
| CLOVER FEE | \$900.00 |

TOTAL CoGS

12 741.66/10

\$76,450.00/6**GROSS PROFIT/LOSS****\$73,730.00****EXPENSES**

| | |
|-------------------------|-------------|
| RENT | \$37,000.00 |
| ATLAS DISPOSAL | \$1,800.00 |
| STATE FARM | \$1,000.00 |
| WATER | \$2,900.00 |
| COMCAST | \$800.00 |
| UTILITIES | \$11,500.00 |
| GOOGLE ADVERTISING | \$2,700.00 |
| GOOGLE FEE | \$525.00 |
| EDWARDS ADV | \$1,750.00 |
| REPAIRS AND MAINTENANCE | \$4,250.00 |
| PRUDENTIAL | \$2,350.00 |
| CLARK PEST CONTROL | \$780.00 |

| | | |
|----------------------------------|-----------------|----------------------|
| SAC COUNTY | | \$700.00 |
| Uniforms | | \$500.00 |
| TOTAL EXPENSES | 11425.83 | \$68,555.00/6 |
| NET OPERATING PROFIT/LOSS | | \$5,175.00 |
| OTHER EXPENSES | | |
| Vehicle Expenses | | \$700.00 |
| Miscellaneous Expenses | | \$1,100.00 |
| TOTAL OTHER EXPENSES | | \$1,800.00 |
| NET PROFIT/LOSS | | \$3,375.00/6 |
| | | 562.50 |

Fill in this information to identify your case:

Debtor 1 Rakesh Kumar Bains

Debtor 2 Baljit Kaur Bains
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA

Case number 24-20884
(If known)

Check if this is:

- ☐ An amended filing
- ☒ A supplement showing postpetition chapter 13 expenses as of the following date:

6/05/2024

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

son10☐ No☒ Yesdaughter13☐ No☒ Yesdaughter15☐ No☒ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,672.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 337.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 150.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Rakesh Kumar Bains**
 Debtor 2 **Baljit Kaur Bains**

Case number (if known) **24-20884**

6. Utilities:

| | | |
|--|--------|---------------|
| 6a. Electricity, heat, natural gas | 6a. \$ | <u>406.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ | <u>180.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | <u>425.00</u> |
| 6d. Other. Specify: <u>City of Elk Grove</u> | 6d. \$ | <u>100.00</u> |
| <u>Lawn Service</u> | \$ | <u>60.00</u> |
| <u>ADT</u> | \$ | <u>50.00</u> |

7. Food and housekeeping supplies

7. \$ 900.00

8. Childcare and children's education costs

8. \$ 175.00

9. Clothing, laundry, and dry cleaning

9. \$ 0.00

10. Personal care products and services

10. \$ 150.00

11. Medical and dental expenses

11. \$ 50.00

12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ 472.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 100.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 472.00

15d. Other insurance. Specify: 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: quarterly income 16. \$ 400.00

Specify: Taxes deducted from IHSS \$ 219.03

17. Installment or lease payments:

17a. Car payments for Vehicle 1 17a. \$ 635.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: 17c. \$ 0.00

17d. Other. Specify: 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify:

19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: gifts, misc, children expenses

21. +\$ 200.00

Pet care

+\$ 200.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

| | |
|----|-----------------|
| \$ | <u>7,453.03</u> |
| \$ | |
| \$ | <u>7,453.03</u> |

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 14,706.68

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 7,453.03

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 7,253.65

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: